8864 Airport Blvd. Leesburg, FL 34788
Phone (352) 326-0761 Fax (352) 326-9360
www.angelflightse.org

PILOT MEMBERSHIP APPLICATION

NOTE: Please print or type all information

FOR OFFICE USE ONLY

CHECK # RECEIVED_____

REVIEWED_____

FILE SET-UP_____

AFIDS MEMBER ID _____

ORIENTATION _____

PLEASE READ CAREFULLY

We look forward to having you as a member of Angel Flight Southeast. To avoid delays in processing your application, please make certain ALL of the following are completed. Effective January 1, 2006 our Board of Directors approved a $50.00 membership processing fee for new pilot applicants. As part of the fee you will receive an AFSE pilot manual, pin, polo shirt or hat, and pilot badge with lanyard.

1. **Complete, date and sign application. Make your check payable to Angel Flight Southeast.**
2. **Photocopy your pilot's license (front & back), driver's license, latest BFR (if applicable), proof of logged hours (last page of log book indicating a minimum of 250 PIC), medical certificate and face page of aircraft liability coverage.** *Pilots who fly as pilot-in-command are required to have minimum aircraft insurance coverage of $500,000 liability and $100,000 per seat.* You need not name Angel Flight Southeast as an additional insured, so there is no additional cost.
3. **Mail to Angel Flight Southeast, 8864 Airport Blvd., Leesburg, FL 34788 or Email to coordination@mercymail.org. Once your application is processed you will receive your login and membership IDin 90 days.**

SECTION 1—PERSONAL INFORMATION

First Name_____ Last Name_____ Spouse's Name_____

Day Phone (_____)_____-_____ Ext_____ Night Phone (_____)_____-_____

Fax (_____) _____-_____ Pager (_____) _____- _____ Cell Phone(_____) _____-_____

E Mail: | | | | | | | | | | | | | | | | | | | | | | | | | | |

Address_____ City _____

County_____ State_____ Zip_____

Employer name_____ Job Title _____

If retired, last employer_____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES____ NO____

HAVE YOU EVER BEEN P.I.C. IN A FLYING ACCIDENT OR INCIDENT? YES____ NO____

HAS YOUR PILOT'S LICENCE EVER BEEN SUSPENDED OR REVOKED? YES____ NO____

If you answered "yes" to any questions above, please describe circumstances on an attached sheet.
To protect the organization legally, we may perform a background check with the proper authorities.

Revised 12/06/11

SECTION 2 Rating and aircraft information

Home Base designator:_____ FBO Name:_____ FBO Phone:(____)-_____-_____

Primary Aircraft: own __ rent__ club__ Pressurized: yes__ no__

Call Sign N-_____ Make:_____ Model:_____ Number of seats:_____

Is your aircraft experimental? ____ Yes ____ No Total Hours PIC: _____ (250 PIC Min.)

IFR Certified: yes__ no__ Multi-engine rated: yes__ no__

MEI: yes___ no____ MEII: yes____ no____ CFI: yes_____ no_____ CFII: yes_____ no_____

Medical Expiration Date_____ BFR Expiration Date_____

SECTION 3 Availibility

___I AM ___I AM NOT usually available during normal business hours WITHOUT advance notice.

___I AM ___I AM NOT usually available for flights during business hours WITH advance notice.

___I AM ___I AM NOT usually available for flights in the EARLY EVENING.

___I AM ___I AM NOT usually available for flights LATE AT NIGHT (usually only transplant pilots).

___I AM ___I AM NOT usually available for flights on weekends.

Any other restrictions on your availability?_____

SECTION 4 Interests

How did you hear about Angel Flight Southeast?_____ Languages spoken: _____

Many members lend valuable assistance beyond flying missions. If interested, please indicate below how you might be able to help.

____Fundraising	____Member meetings	____Writing(Articles,grants etc.)	___ Health care contacts
____Public Relations	____Speakers bureau	____Pilot Recruitments	____Corporate & Foundation
____Computers	____Graphic art and design	____Celebrity contacts	____ Other

List Civic, Fraternal And other groups to which you belong _____

Included in your membership processing fee is your choice of a Angel Flight Southeast polo shirt **OR** baseball cap. Please circle your selection and size below.

Polo shirt: Small Med Large XL XXL Hat: One size

I, the undersigned applicant, hereby affirm that all information that I provided with this form is true, complete and correct. I agree to abide by Federal Aviation Administration (FAA) regulations. Membership in Angel Flight Southeast is a privilege and I understand it is subject to revocation. I understand that any false information made herein will void my application.

I hereby authorize any law enforcement agency to furnish Angel Flight Southeast or its agent information related to my criminal history. I hereby release Angel Flight Southeast and all its agents and employees, the law enforcement agency and all employees of the law enforcement agencies furnishing information from all liability resulting from the furnishing of this information to Angel Flight Southeast.

SIGNATURE _____ DATE _____